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17424
8/27/82 14533UPOTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORTREGION 4
SITE NUMBER (to be assigned by HQ)
TND065833543

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME
SAAD OIL COMPANY

B. STREET (or other identifier)
TROUSDALE DRIVE

C. CITY
NASHVILLE

D. STATE
TN

E. ZIP CODE

F. COUNTY NAME
DAVIDSON

G. SITE OPERATOR INFORMATION

1. NAME
John Saad

2. TELEPHONE NUMBER

3. STREET
3655 Trousdale Dr.

4. CITY
NASHVILLE

5. STATE
TN

6. ZIP CODE
37204

H. REALTY OWNER INFORMATION (if different from operator of site)

1. NAME

2. TELEPHONE NUMBER

3. CITY

4. STATE

5. ZIP CODE

I. SITE DESCRIPTION

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)

B. APPARENT SERIOUSNESS OF PROBLEM

☒ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME
FRED STROUD

2. TELEPHONE NUMBER
881-3931

3. DATE (mo., day, & yr.)
8/27/82

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME
BARRY SULKIN

2. TITLE
Environmental Engineer

3. ORGANIZATION
TN. DEPT. OF PUBLIC HEALTH, WATER QUALITY DIVISION

4. TELEPHONE NO. (area code & no.)
615/741-7391

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS

EXHIBIT

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III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

G. DATE OF INSPECTION
(mo., day, & yr.)

4/6/82

H. TIME OF INSPECTION

1:00pm

I. ACCESS GAINED BY: (credentials must be shown in all cases)

☒ 1. PERMISSION☐ 2. WARRANT

J. WEATHER (describe)

CLEAR

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER	X	EPA - ATHENS	10/1/82
b. SURFACE WATER	X	"	"
c. WASTE	X	"	"
d. AIR			
e. RUNOFF	X	"	10/1/82
f. SPILL			
g. SOIL	X	"	10/1/82
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
resistivity	LEN Radnor yards / Craft farm Saad Oil Company	defined probable groundwater flow

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IV. SAMPLING INFORMATION (continued)

PHOTOS

1. TYPE OF PHOTOS

☒ a. GROUND ☒ b. AERIAL

2. PHOTOS IN CUSTODY OF:

FRED STROUD

D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS: EPA, Region IV, ERRB

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☒ 1. NO ☐ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

1

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify):
CONCRETE BLOCK BLDG

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK	<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND	<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input checked="" type="checkbox"/> 5. CHEM./PHYS./TREATMENT	<input checked="" type="checkbox"/> 5. MIDNIGHT DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input checked="" type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input type="checkbox"/> 9. OTHER (specify):	
		TAKES IN CHEMICALS ALSO - UNKNOWN DISPOSITION.	

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

☐ 1. STORAGE ☐ 2. INCINERATION ☐ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL
☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. LIQUID ☐ 2. SOLID ☒ 3. SLUDGE ☐ 4. GAS

B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE
☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☒ 9. OTHER (specify): WASTES STILL BEING ANALYZED

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

UNKNOWN

VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNKNOWN		UNKNOWN									
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.						
<input checked="" type="checkbox"/> (2) METALS SLUDGES	(2) OTHER(specify):	<input type="checkbox"/> (2) NON-HALOGNTD. SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL						
(3) POTW		<input type="checkbox"/> (3) OTHER(specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE						
(4) ALUMINUM SLUDGE		<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMELTING WASTES	<input type="checkbox"/> (4) MUNICIPAL							
(5) OTHER(specify):		<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER(specify):							
		<input type="checkbox"/> (6) CYANIDE									
	<input type="checkbox"/> (7) PHENOLS										
	<input type="checkbox"/> (8) HALOGENS										
		<input type="checkbox"/> (9) PCB									
		<input type="checkbox"/> (10) METALS									
		<input type="checkbox"/> (11) OTHER(specify):									

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SO-LID	b. LIQ.	c. VA-POR	a. HIGH	b. MED.	c. LOW	d. NONE			

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE☐ C. WORKER INJURY/EXPOSURE☒ D. CONTAMINATION OF WATER SUPPLY*Possible hazard*☐ E. CONTAMINATION OF FOOD CHAIN☒ F. CONTAMINATION OF GROUND WATER*Possible hazard*☒ G. CONTAMINATION OF SURFACE WATER*Possible hazard*

VIII. HAZARD DESCRIPTION (continued)

☒ H. DAMAGE TO FLORA/FAUNA☐ I. FISH KILL☐ J. CONTAMINATION OF AIR☒ K. NOTICEABLE ODORS*Chemical odor*☒ L. CONTAMINATION OF SOIL☐ M. PROPERTY DAMAGE

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VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☐ R. INADEQUATE SECURITY☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION (continued)

☒ T. MIDNIGHT DUMPING☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS				
2. IN COMMERCIAL OR INDUSTRIAL AREAS				
3. IN PUBLICLY TRAVELLED AREAS				
4. PUBLIC USE AREAS (parks, schools, etc.)				

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)	F. DIRECTION TO DRINKING WATER SUPPLY
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS* <input type="checkbox"/> 2. COMMUNITY (specify town): _____ > 15 CONNECTIONS		
<input type="checkbox"/> 3. SURFACE WATER <input type="checkbox"/> 4. WELL		

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X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')

I. RECEIVING WATER

1. NAME

☐ 2. SEWERS☐ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☒ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

*X	A. OVERBURDEN	*X	B. BEDROCK (specify below)	*X	C. OTHER (specify below)
	1. SAND				
	2. CLAY				
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☐ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☒ 1. YES☐ 2. NO

3. COMMENTS:

H. DISCHARGE AREA

☐ 1. YES☐ 2. NO

3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

J. OTHER GEOLOGICAL DATA

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☐ YES (summarize in this space)

SAAO under a court order to cleanup operations, state
not enforcing.

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.